


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2007 08:00 A
Secretary of State

DOCUMENT # 722707 1. Entity Name UROLOGY FOUNDATION OF FLORIDA, INC.					
Principal Place of Business C/O SARA DRYLIE 6603 N W 18TH AVE. GAINESVILLE FL 32605			Mailing Address C/O SARA DRYLIE 6603 N W 18TH AVE. GAINESVILLE FL 32605		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DRYLIE, SARA M 6603 NW 18TH AVE GAINESVILLE FL 32605				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent					
SIGNATURE <u>Sara M. Drylie</u> <u>Feb. 26, 2007</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JABLONSKI, DONALD		NAME	U00000680710	
STREET ADDRESS	1812 N MILLS AVE		STREET ADDRESS	04/04/07-80010-015 61.25	
CITY-ST-ZIP	ORLANDO FL 32803		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STRINGER, THOMAS F		NAME		
STREET ADDRESS	609 W HIGHLAND BLVD		STREET ADDRESS		
CITY-ST-ZIP	INVERNESS FL 34452		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DEARDOURFF, MARGIE		NAME		
STREET ADDRESS	1921 NW 14 AVE		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32308		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SAWYER, PAUL MD		NAME		
STREET ADDRESS	1207 HODGES DR		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32605		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DRYLIE, SARA M.		NAME		
STREET ADDRESS	6603 N.W. 18TH AVE.		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		



1st MOORE CR2E037 (10/06)

4. FEI Number **23-7211442** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Sara M. Drylie Feb. 26, 2007 (352-331-9944)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date